



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER MARAVILLA AFH/DELORIS PROCTOR	LICENSE NUMBER 153000
---	---------------------------------

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>MARAVILLA IS INDEPENDENTLY OWNED, OPERATING IN A FAMILY ORIENTED ENVIRONMENT, PROVIDING QUALITY LONG TERM CARE TO EXTENDED FAMILY RESIDENTS. LOCATED ON A LARGE ESTATE IN A PEACEFUL SETTING WITH BEAUTIFUL VIEWS, OUR MISSION IS TO ENCOURAGE RESIDENTS TO MAKE INDEPENDENT CHOICES; DEVELOP SELF-ESTEEM AND TO ENJOY A HAPPY QUALITY OF LIFE.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>07/12/2000</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>NONE</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>PROCTOR ADULT FOSTER CARE ORIGINALLY LICENSED 05/15/1985</p>	
<p>5. OWNERSHIP</p> <p>Sole proprietor</p> <p>Limited Liability Corporation</p> <p>Co-owned by:</p> <p>Other:</p>	

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

BASED ON INDIVIDUAL CARE PLAN -PROVIDING THREE DAILY NUTRITIOUS MEALS, HYDRATION AND SNACKS

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

BASED ON INDIVIDUAL CARE PLAN, SUPERVISION AND MONITORING

3. WALKING

If needed, the home may provide assistance with walking as follows:

BASED ON INDIVIDUAL CARE PLAN, PERSONAL ASSISTANCE, WALKER OR CANE

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

BASED ON INDIVIDUAL CARE PLAN- MINIMAL ASSISTANCE

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

BASED ON INDIVIDUAL CARE PLAN- MINIMAL ASSISTANCE

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

BASED ON INDIVIDUAL CARE PLAN- ADVISING, MINIMAL ASSISTING, NEEDS AWARENESS PROMPTING AND NOTING

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

BASED ON ICP- ADVISING, MINIMAL ASSISTING, PROMPTING

8. BATHING

If needed, the home may provide assistance with bathing as follows:

BASED ON ICP- PROVIDING BATHING ACCESSORIES , MINIMAL ASSISTING AND MONITORING

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

CLEANLINESS, HYGIENE, SAFETY AND POSITIVE SUPPORT IS ENCOURAGED

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

ALL MEDICATIONS INCLUDING PRESCRIBED OR ADVISED OTC MEDICATIONS

WILL BE SELF ADMINISTERED WITH STAFF MONITORING AND DOCUMENTATION

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

BUBBLE PACS FOR MONTHLY MEDS IS RECOMMENDED AND MEDS ARE KEPT IN A LOCKED AREA. COMPLETE TRANSPORTATION, COMMUNICATION, APPOINTMENTS ARE PROVIDED.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

BASED ON ICP, STAFF WILL COORDINATE CARE WITH ALL PHYSICIAN RECOMMENDATIONS FOR NECESSARY PROFESSIONAL REFERRALS.

The home has the ability to provide the following skilled nursing services by delegation:

NONE

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

NONE

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

The provider lives in the home.

A resident manager lives in the home and is responsible for the care and services of each resident at all times.

The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

Registered nurse, days and times: _____

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **7 DAYS WEEKLY, 24 HOURS DAILY (24/7)**

Awake staff at night

Other: **BASED ON ICP**

ADDITIONAL COMMENTS REGARDING STAFFING

PROVIDER AND STAFF ARE MANDATED REPORTERS AND OUR HOME HAS A NO TOLERANCE POLICY FOR ABUSE OF ANY KIND.

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

ENGLISH ALL BACKGROUNDS

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

NATIVE AMERICAN CULTURE IS ENJOYED

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

NO CONDITIONS

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

INDIVIDUAL PREFERENCES FOR ACITVITIES ARE ENCOURAGED. ACTIVITIES INCLUDED ARE: YEARLY VACATIONS; FISHING; SOCIAL DANCING; POOL; WEEKLY ETHNIC FOOD DINING; MINITURE GOLFING; NATURE WALKING; RESIDENTS FAMILY AND FRIENDS VISITS; FAMILY BIRTHDAYS AND HOLIDAYS ARE OBSERVED AND ENJOYED.

ADDITIONAL COMMENTS REGARDING ACTIVITIES